

1.) CORPORATION NAME:

SOUTHWEST VIRGINIA LEGAL AID SOCIETY, INC.

DUE DATE: **1/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

BARRY L. PROCTOR

117 WEST MAIN STREET

ABINGDON, VA 24210

SCC ID NO: **01361500**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WASHINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 227 W CHERRY ST

CITY/ST/ZIP: MARION, VA 24354-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	SUSAN W BLEVINS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	1393 SHARON DRIVE		
CITY/ST/ZIP/CO:	RURAL RETREAT, VA 24368-		
NAME:	MICHAEL ABBOTT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR		
ADDRESS:	POB 69		
CITY/ST/ZIP/CO:	WISE, VA 24293-		
NAME:	HERB CLAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	109 WEST MAIN ST		
CITY/ST/ZIP/CO:	MARION, VA 24354-		
NAME:	MICHELLE BROOKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	121 POPLAR ST		
CITY/ST/ZIP/CO:	WEBER CITY, VA 24290-		
NAME:	BLAKE MCKINNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	POB 2225		
CITY/ST/ZIP/CO:	ABINGDON, VA 24210-		

NAME:	MARTHA KETRON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 1210		
CITY/ST/ZIP/CO:	LEBANON, VA 24266-		
NAME:	STEPHANIE SHORTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 E. MAIN STREET SUITE 108		
CITY/ST/ZIP/CO:	FLOYD, VA 24091-		
NAME:	JOSEPH RASNIC	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 864		
CITY/ST/ZIP/CO:	JONESVILLE, VA 24263-		
NAME:	GERALD SHARP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7		
CITY/ST/ZIP/CO:	LEBANON, VA 24266-		
NAME:	SHELIA WEIMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 946		
CITY/ST/ZIP/CO:	TAZEWELL, VA 24651-		
NAME:	DAMIE CARTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	128 DUFFIELD DEPOT LANE		
CITY/ST/ZIP/CO:	DUFFIELD, VA 24244-		
NAME:	DOUGLAS BRINCKMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P.O. BOX 196		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060-		
NAME:	CHRISTOPHER TUCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 11422		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24062-		
NAME:	STEVE MINOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	110 PIEDMONT STREET SUITE 300		
CITY/ST/ZIP/CO:	BRISTOL, VA 24201-		
NAME:	RAQUEL ALDERMAN-LYONS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 1922		
CITY/ST/ZIP/CO:	HILLSVILLE, VA 24343-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN SHELTON-PULLEN DIRECTOR 129 TAZEWELL AVENUE RICHLANDS, VA 24641-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDNA JUSTUS DIRECTOR ROUTE 1, BOX 47 HURLEY, VA 24620-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AVIS WOLFE DIRECTOR P.O. BOX 1659 LEBANON, VA 24266-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TAMMY GRAY DIRECTOR ROUTE 2, BOX 182 CASTLEWOOD, VA 24224-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARMEL STOWERS DIRECTOR 6356 QUARTZ LANE BLACKSBURG, VA 24060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NATASHA CARPENTER DIRECTOR 185 RAINES ROAD PEARISBURG, VA 24134-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ HERB CLAY		HERB CLAY, VICE CHAIRMAN	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE		12/15/2010	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			